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OCT 31 2006

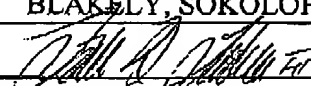
PAGE 1/10 * RCVD AT 10/31/2006 4:55:43 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/10 * DNIS:2738300 * CSID:3037406962 * DURATION (mm-ss):04-12

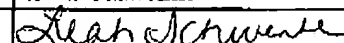
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/779,779
		Filing Date	February 8, 2001
		First Named Inventor	Jean M. Goldschmidt Iki
		Art Unit	2623
		Examiner Name	Raman, Usha
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P6482D

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gordon R. Lindeen III, Reg. No. 33,192 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 31, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Leah Schwenke		
Signature		Date	October 31, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/779,779
Filing Date February 8, 2001
First Named Inventor Jean M. Goldschmidt Iki
Examiner Name Raman, Usha
Art Unit 2623
Attorney Docket No. 42390P6482D

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakey, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
26	26	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 350	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	Reissue independent claims over original patent	
1205 300	2205 150	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 120	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 120	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(g)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(e))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Name (Print/Type) Gordon R. Lindeen III Registration No. 33,192 Telephone (303) 740-1980
Signature [Signature] (Attorney/Agent) Date 10/31/06

Based on PTO/SB/17 (12-04) as modified by Blakey, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	09/779,779
		Filing Date	February 8, 2001
		First Named Inventor	Jean M. Goldschmidt Iki
		Examiner Name	Raman, Usha
		Art Unit	2623
		Attorney Docket No.	42390P6482D
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT		(\$)	0.00

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)
 ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES


Total Claims	Extra Claims	Fee from below	Fee Paid
28	28	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
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1203 350	2203 180	Multiple Dependent claim, if not paid
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SUBTOTAL (1)		(\$)
		0.00

**or number previously paid, if greater, For Reissues, see below*

2. ADDITIONAL FEES

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1451 1,510	2451 1,610	Petition to institute a public use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Gordon R. Lindeen III	Registration No. (Attorney/Agent)	33,192
Signature		Telephone	(303) 740-1980
		Date	10/31/06

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2600

Our Docket No.: 42390P6482D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:

Goldschmidt Iki, J.

) Examiner: Raman, Usha

Application No.: 09/779,779

) Art Group: 2623

Filed: February 8, 2001

For: Method and Apparatus for Selecting
From Multiple Versions of an
Entertainment Program

RESPONSE AFTER FINAL

Mail Stop Amendment
Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450

Sir:

In Response to the Final Office Action mailed on October 4, 2006, Applicants respectfully request the Examiner to enter the following amendment and to consider the following remark.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on:

Date of Transmission October 31, 2006

Leah Schwenke

(Typed or printed name of person transmitting paper)

Leah Schwenke

(Signature of person transmitting paper)

Docket No.: 42390P6482D
Application No.: 09/779,779